

DIABETES IN CLARENDON COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program ◆ Chronic Disease Epidemiology Branch
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Clarendon county.

Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Clarendon county and SC in 1998.

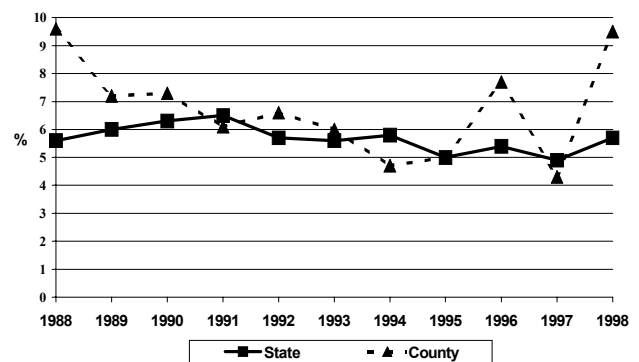
Table 1. Prevalence (%) of
Behavioral Risk Factors for Diabetes

	Clarendon County	SC
Overweight	56.4	52.3
Current Smokers	26.0	24.7
Physical Inactivity	71.1	61.6
Consuming fruits and vegetables less than 5-A-Day	78.4	78.2
High Cholesterol (1997)	30.1	24.4
Hypertension (1997)	28.0	26.7

Prevalence

In 1998, there were approximately 2,179 adults (9.5%) aged 18 and older living in Clarendon county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 1. Prevalence of Self-Reported
Diabetes among Adults, Clarendon, 1988-1998



Morbidity and Complications

In 1997, there were 79 hospital discharges with diabetes as the primary diagnosis among Clarendon county residents. During the same year, there was an additional 637 hospital discharges with diabetes-related condition. African-Americans had more hospitalizations for diabetes than whites: 64 (81%) for diabetes as the primary diagnosis, and 378 (59%) for diabetes as a related condition.

In 1997, hospital charges for hospitalizations of Clarendon county residents having diabetes as primary diagnosis were up to \$986,157 and \$8.6 million for diabetes as a related condition. The total

length of hospital stay for diabetes as the primary diagnosis was 651 days.

Clarendon county patients with diabetes who had diabetes-related complications in 1997 included:

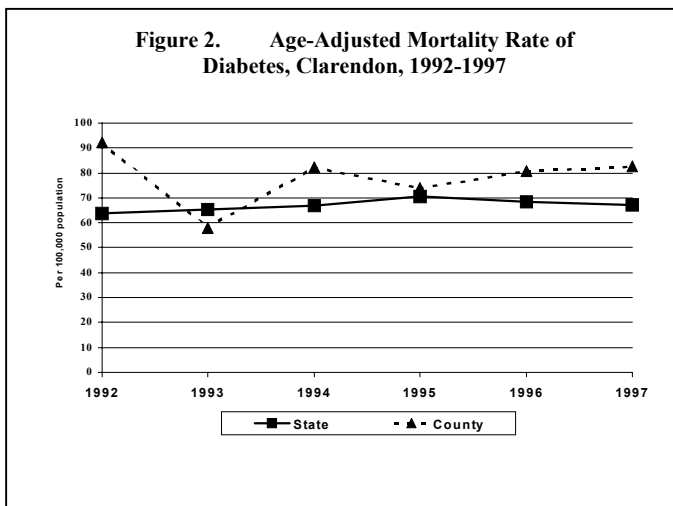
- 98 (14.0%) with renal manifestations;
- 24 (3.4%) with lower extremity amputations related to diabetes;
- 22 (3.1%) with diabetic ketoacidosis;
- 46 (6.5%) with renal failure;
- 76 (10.9%) with dialysis.

Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 697 hospitalizations for patients with diabetes, 572 (82%) had cardiovascular diseases, and 82 (11.7%) had stroke.

In 1997, there were 46 emergency room (ER) visits for diabetes as the primary diagnosis, among which 41 (89%) were for African-American patients. In addition, there were 210 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$30,820.

Mortality

In 1997, diabetes was listed as the underlying cause of death for 10 residents of Clarendon county. This is an age-standardized mortality rate of 23.7 per 100,000 population, lower than the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 32 deaths in Clarendon county; a standardized mortality rate of 82.6 per 100,000 population.



A total of 178 potential years of life were lost in 1997 because people died prematurely from diabetes. Diabetes mortality in Clarendon county follows the national pattern of diabetic mortality that African-Americans have higher mortality rates than whites. African-American men had the highest standardized mortality (153 per 100,000 population) among all race-sex groups.

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